

*High Point Parks & Recreation*  
[www.highpointnc.gov/pr](http://www.highpointnc.gov/pr)

<p><b><i>Play, Learn, Grow</i></b>  <i>Tuesdays, Wednesdays, Thursdays</i>  <i>October 2, 2012 – June 27, 2013</i>  <i>2:45pm-4:45pm</i></p>	<p><b><i>Kid's Café</i></b>  <i>Tuesdays, Wednesdays, Thursdays</i>  <i>October 2, 2012 – June 27, 2013</i>  <i>5:00pm-6:00pm</i></p>
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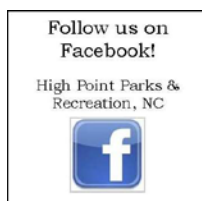
*Washington Terrace Park & Community Center*  
*101 Gordon Street, High Point, NC 27260*  
*(336) 883-8599*

*Play, Learn, Grow is designed to provide youth with a safe and supervised place to enjoy activities based on their individual interests. They will receive homework assistance, enjoy group games, board games, outdoor sports and do arts and crafts.*

*After the activities, the Kid's Café is ready to serve you with a nutritious meal. Kid's Café is a Second Harvest Food Bank after school program that offers tutoring, nutrition education, mentoring and nutritious meals to children at risk of hunger.*

*Program is for ages 5-11*

**Facility Staff: Tim Spurgeon, Victoria Garrett**



**CLOTHING:** Members should wear clothing suitable for activities. ***Tennis shoes are required.*** Participants should not wear open-toed shoes. Money should be kept on person or in a secure place. High Point Parks & Recreation will not be held responsible for lost, stolen or damaged personal items.

## **“DO’S AND DON’TS” OF WASHINGTON TERRACE PARK & COMMUNITY CENTER**

- You can demonstrate your intelligence by using the correct language.
- You can solve conflicts by reporting problems to the Park Staff.
- You can use arm length voice in the hallways.
- You do not run and horse play in the hallways.
- You do respect all staff and fellow participants.
- You do follow directions the first time given.
- You do respect all property of Washington Terrace Park & Community Center.
- You do not bring valuables such as electronic games, radios, jewelry, etc

I wish to participate in the Play, Learn, Grow and Kid’s Café program. I promise to take care of the Washington Terrace Park and its property. I will be gladly followed the Do’s and Don’ts. I will meet the challenge of reaching my full potential.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Ongoing Registration**

Member’s Full Name	Birthdate	Age	Grade (2012-13 School Year) School
Home Address	City	Zip	T-Shirt size
Mother’s Name	Home Phone	Employer	Work Phone/Pager/Cell
Father’s Name	Home Phone	Employer	Work Phone/Pager/Cell
Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell	
Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell	
Person(s) Authorized To Pick Up Child(ren) Other Than Parents:			

Are there any physical/emotional conditions, special needs, medications, or any other general information about which we need to be informed?    ☐ No    ☐ Yes

If yes, please explain \_\_\_\_\_

**Sign In/Out Policy:** We understand that a parent may not drop off the child; therefore we will require all participants to sign in and out. Each child must report to a staff member and have themselves checked in and out each and every day. If a child does not report to the staff he/she will not be able to participate in any activities the following day. This policy is not meant to be an inconvenience, but we want to make sure that all children arrive and leave safely.

**Photographic Consent:** ☐ **I do** ☐ **I do not** give permission to have my child appear in any media coverage approved by the High Point Parks & Recreation Department. I understand that the Facility Director, in conjunction with the Recreation Supervisor, has been given the authority to determine appropriate requests.

**Wavier:** I certify that my child(ren) is/are able to participate and hereby give my approval for the above-named Child(ren) to participate in any and all Play, Learn, Grow and Kid's Cafe activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the High Point Parks & Recreation Department, representatives, and successors, for any and all claims of liability. In the event of an emergency, if staff is unable to contact me I hereby release authorization for medical treatment.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please let us know how you heard about this program

Please check/circle that apply

- ☐ Recreation Center (Morehead, Oakview, or Southside)
- ☐ Parks and Recreation Leisure Guide
- ☐ Website
- ☐ Flyer
- ☐ Word of mouth
- ☐ Other \_\_\_\_\_